

AMENDED IN ASSEMBLY JUNE 27, 2007

AMENDED IN SENATE JUNE 4, 2007

AMENDED IN SENATE MAY 2, 2007

AMENDED IN SENATE APRIL 18, 2007

AMENDED IN SENATE MARCH 27, 2007

SENATE BILL

No. 851

**Introduced by Senators Steinberg and Romero
(Coauthors: Senators Alquist and Kuehl)**

February 23, 2007

An act to add Article 3.5 (commencing with Section 2687) to Chapter 4 of Title 1 of Part 3 of, and to add Chapter 2.73 (commencing with Section 1001.130) to Title 6 of Part 2 of, the Penal Code, and to amend Sections 5806 and 5814 of the Welfare and Institutions Code, relating to mentally ill offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 851, as amended, Steinberg. Mentally ill offenders.

Existing law provides for the diversion of specified criminal offenders in alternate sentencing and treatment programs.

This bill would authorize superior courts to develop and implement mental health courts, as specified, which may operate as a preguilty plea program and deferred entry of judgment program. This bill would also allow parolees to participate in mental health courts, as specified.

Because this bill would change the punishment for commission of various crimes and would require local officials to provide a higher level of service, this bill would impose a state-mandated local program.

Existing law provides for the allocation of state funds to counties for mental health programs.

This bill would make various statements of legislative findings and intent regarding the need to provide mental health and related services to parolees. This bill would require the Department of Corrections and Rehabilitation to create a pilot program to provide comprehensive mental health and supportive services to 100 parolees with a serious mental illness in each of 3 separate regions, as specified. This bill would provide that the department may contract with counties or private providers for these services.

This bill would require the Department of Corrections and Rehabilitation in consultation with the State Department of Mental Health to establish service standards that ensure that parolees who have serious mental illness are identified, and services provided to assist them to be able, upon release, to live independently, work, and reach their potential as productive citizens, as specified.

This bill would provide that funding, based on specified criteria, at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to these provisions with the medically necessary mental health services shall be provided, but that the portion of those costs of services that can be paid for with other funds, including other mental health funds, public and private insurance, and other local, state, and federal funds shall not be covered.

This bill would require the Department of Corrections and Rehabilitation to establish an advisory committee for the purpose of providing advice regarding the development of the identification of specific performance measures for evaluating the effectiveness of programs. This bill would require the department, in consultation with the advisory committee, to provide in a report to the Legislature, submitted on or before May 1 of each year in which additional funding is provided, an evaluation of the effectiveness of the strategies for parolees in reducing homelessness, recidivism, involvement with local law enforcement, and other measures identified by the department.

This bill would make other conforming changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as the
2 Corrections Mental Health Act of 2007.

3 SEC. 2. Chapter 2.73 (commencing with Section 1001.130) is
4 added to Title 6 of Part 2 of the Penal Code, to read:

5
6 CHAPTER 2.73. DIVERSION OF MENTALLY ILL OFFENDERS
7

8 1001.130. (a) Superior courts are hereby authorized to develop
9 and implement mental health courts.

10 (b) For purposes of this section, a mental health court has the
11 following objectives:

12 (1) Increase cooperation between the courts, criminal justice,
13 mental health, and substance abuse systems.

14 (2) Creation of a dedicated calendar *or a locally developed*
15 *collaborative court-supervised mental health program or system*
16 *that contains the characteristics set out in subdivision (c)* that will
17 lead to placement of as many mentally ill offenders, including
18 those with cooccurring disorders, in community treatment, as is
19 feasible and consistent with public safety.

20 (3) Improve access to necessary services and support.

21 (4) Reduce recidivism.

22 (c) For purposes of this section, a mental health court has the
23 following characteristics:

24 (1) Leadership by a superior court ~~judge~~ *judicial officer* assigned
25 by the presiding judge.

26 (2) Enhanced accountability by combining judicial supervision
27 with rehabilitation services that are rigorously monitored and
28 focused on recovery.

29 (3) A problem solving focus.

30 (4) A team approach to decisionmaking.

31 (5) Integration of social and treatment services.

1 (6) Judicial supervision of the treatment process, as appropriate.

2 (7) Community outreach efforts.

3 (8) Direct interaction between defendant and ~~judge~~ *judicial*
4 *officer*.

5 (d) In developing a mental health court, the presiding judge or
6 his or her designee shall convene the county stakeholders and,
7 through a collaborative process with county stakeholders, develop
8 a plan that is consistent with this section. The plan shall address
9 at a minimum the following components:

10 (1) The method by which the mental health court will ensure
11 that the target population of defendants will be identified and
12 referred to the mental health court.

13 (2) The method for assessing defendants for serious mental
14 illness and cooccurring disorders.

15 (3) Eligibility criteria specifying what factors will make the
16 defendant eligible to participate in a mental health court, including
17 the amenability of the defendant to treatment and the facts of the
18 case, as well as prior criminal history and mental health and
19 substance abuse treatment history.

20 (4) The elements of the treatment and supervision programs.

21 (5) Standards for continuing participation in, and successful
22 completion of, the mental health court program.

23 (6) The need for the county mental health department and the
24 drug and alcohol department to provide initial and ongoing training
25 for designated staff on the nature of serious mental illness and on
26 the treatment and supportive services available in the community.

27 (7) The process to ensure defendants will receive the appropriate
28 level of treatment services, based on available resources, from
29 county and community mental health providers and other local
30 agencies.

31 (8) The process for developing a treatment plan for each
32 defendant, based on a formal assessment of the defendant's mental
33 health and substance abuse treatment needs. Participation in the
34 mental health court would require defendants to complete the
35 recommended treatment plan, and comply with any other terms
36 and conditions that will optimize the likelihood that the defendant
37 will complete the program.

38 (9) *Process for referring cases to the mental health court.*

1 (10) A defendant's voluntary entry into the mental health court,
2 the right of a defendant to withdraw from the mental health court,
3 and the process for explaining these rights to the defendant.

4 ~~(e) Defendants shall be referred to the mental health court by~~
5 ~~judges within the superior court, and any other sources approved~~
6 ~~by the court.~~

7 *(e) In developing a mental health program, each mental health*
8 *court team, lead by a judicial officer, should include, but is not*
9 *limited to, a judicial officer to preside over the court, prosecutor,*
10 *public defender, county mental health liaison, substance abuse*
11 *liaison, and probation officer. The mental health court team will*
12 *determine the frequency of ongoing reviews of the progress of the*
13 *offender in community treatment in order to ensure the offender*
14 *adheres to the treatment plan as recommended, remains in*
15 *treatment and completes treatment.*

16 (f) In utilizing a dedicated calendar, each mental health court
17 team will include, but is not limited to, a designated ~~judge~~ *judicial*
18 *officer* to preside over the court, prosecutor, public defender, county
19 mental health liaison, substance abuse liaison, and probation
20 officer. The mental health court team, led by the ~~judge~~ *judicial*
21 *officer*, will determine the frequency of ongoing reviews of the
22 progress of the offender in community treatment in order to hold
23 the offender accountable to adhere to the treatment plan as
24 recommended, remain in treatment, and complete treatment.

25 (g) For purposes of this section, a mental health court may
26 operate as a preguilty plea program, wherein criminal proceedings
27 are suspended without a plea of guilty for designated defendants.
28 If the court finds that the defendant is not performing satisfactorily
29 in the assigned program, that the defendant is not benefitting from
30 education, treatment, or rehabilitation, or that the defendant has
31 engaged in criminal conduct rendering him or her unsuitable for
32 the preguilty plea program, the court shall reinstate the criminal
33 charge or charges. If the defendant has performed satisfactorily
34 during the period of the preguilty plea program, at the end of that
35 period, the criminal charge or charges shall be dismissed and the
36 provisions of Section 1000.4 shall apply.

37 (h) For purposes of this section, a mental health court may
38 operate as a deferred entry of judgment program. If the defendant
39 is found eligible, the prosecuting attorney shall file with the court
40 a declaration in writing or state for the record the grounds upon

1 which the determination is based, and shall make this information
2 available to the defendant and his or her attorney. This procedure
3 is intended to allow the court to set the hearing for deferred entry
4 of judgment at the arraignment. If the defendant is found ineligible
5 for deferred entry of judgment, the prosecuting attorney shall file
6 with the court a declaration in writing or state for the record the
7 grounds upon which the determination is based, and shall make
8 this information available to the defendant and his or her attorney.
9 The sole remedy of a defendant who is found ineligible for deferred
10 entry of judgment is a postconviction appeal. If the prosecuting
11 attorney determines that this section may be applicable to the
12 defendant, he or she shall advise the defendant and his or her
13 attorney in writing of that determination. This notification shall
14 include the following:

15 (1) A full description of the procedures for deferred entry of
16 judgment.

17 (2) A general explanation of the roles and authorities of the
18 probation department, the prosecuting attorney, the program, and
19 the court in the process.

20 (3) A clear statement that in lieu of trial, the court may grant
21 deferred entry of judgment provided that the defendant pleads
22 guilty to each charge and waives time for the pronouncement of
23 judgment, and that upon the defendant's successful completion of
24 a program the positive recommendation of the program authority
25 and the motion of the prosecuting attorney, the court, or the
26 probation department, the court shall dismiss the charge or charges
27 against the defendant and the provisions of Section 1000.4 shall
28 apply.

29 (4) A clear statement that upon failure of treatment or condition
30 under the program the prosecuting attorney or the probation
31 department or the court on its own may make a motion to the court
32 for entry of judgment and the court shall render a finding of guilty
33 to the charge or charges pled, enter judgment, and schedule a
34 sentencing hearing.

35 (5) An explanation of criminal record retention and disposition
36 resulting from participation in the deferred entry of judgment
37 program and the defendant's rights relative to answering questions
38 about his or her arrest and deferred entry of judgment following
39 successful completion of the program.

1 (i) For purposes of this section a mental health court may operate
2 as a postguilty plea program wherein the defendant has entered a
3 guilty plea or has been sentenced and is on probation. *If the*
4 *defendant has performed satisfactorily during the period of the*
5 *postguilty plea program, at the end of that period, the criminal*
6 *charge or charges shall be dismissed and Section 1000.4 shall*
7 *apply.*

8 ~~(j) No statement, or any information procured therefrom, made~~
9 ~~by the defendant to any probation officer or mental health treatment~~
10 ~~worker shall be admissible in any action or proceeding. No~~
11 ~~statement, or any information procured therefrom, with respect to~~
12 ~~the specific offense with which the defendant is charged, that is~~
13 ~~made to any probation officer or mental health worker subsequent~~
14 ~~to the granting of deferred entry of judgment, shall be admissible~~
15 ~~in any action or proceeding, including a sentencing hearing.~~

16 1001.133. (a) The Department of Corrections and
17 Rehabilitation may contract with a superior court and county to
18 utilize mental health courts as a referral court *court programs* for
19 parolees with serious mental illness who either violate the terms
20 of parole or receive new terms, as an alternative to custody.

21 (b) If the parolee successfully completes the mental health court
22 program, parole or probation will end.

23 (c) If the parolee fails to successfully complete the mental health
24 court program, he or she will be sentenced by the ~~judge~~ *judicial*
25 *officer* according to existing law as to any case pending in the
26 superior court and the Department of Corrections and
27 Rehabilitation will take any action provided by law.

28 (d) The highest priority for referrals of *parolee* offenders shall
29 be given to those offenders who are on active parole and have a
30 pending case in superior court.

31 SEC. 3. Article 3.5 (commencing with Section 2687) is added
32 to Chapter 4 of Title 1 of Part 3 of the Penal Code, to read:

33
34 Article 3.5. Parolee Mental Health
35

36 2687. (a) A system of care for parolees with serious mental
37 illness results in the highest benefit to the client, family, and society
38 while ensuring that the public sector meets its legal responsibility
39 and fiscal liability at the lowest possible cost.

(b) The underlying philosophy for these systems of care includes the following:

(1) Mental health care is a basic human service.

(2) Seriously mentally ill parolees usually have multiple disorders and disabling conditions.

(3) Seriously mentally ill parolees should be assigned a single person or team to be responsible for all treatment, case management, and support services.

(4) The client should be fully informed and volunteer for all treatment provided, unless danger to self or others or grave disability requires temporary involuntary treatment.

(5) Clients and families should directly participate in making decisions about services and resource allocations that affect their lives.

(6) Mental health services should be responsive to the unique characteristics of people with serious mental illness including age, gender, minority, and ethnic background, and the effect of multiple disorders.

(7) Treatment, case management, and support services should be designed to prevent inappropriate removal to more restrictive and costly placements.

(8) Mental health systems of care shall have measurable goals and be fully accountable by providing measures of client outcomes and cost of services.

(9) State and county government agencies each have responsibilities and fiscal liabilities for seriously mentally ill parolees.

(c) A mental health system of care for parolees with serious mental illness is vital in providing greater benefit to parolees with serious mental illness at a lower cost *than state prison* in California and should encompass all of the following:

(1) A comprehensive and coordinated system of care including treatment, early intervention strategies, case management, and system components required by parolees with serious mental illness.

(2) The recovery of persons with severe mental illness and their financial means are important for all levels of government, business, and the community.

(3) System of care services that ensure culturally competent care for persons with serious mental illness in the most appropriate,

1 least restrictive level of care are necessary to achieve the desired
2 performance outcomes.

3 ~~(4) Mental health service providers need to increase~~
4 ~~accountability and further develop methods to measure progress~~
5 ~~toward client outcome goals and cost effectiveness as required by~~
6 ~~a system of care.~~

7 (d) The adult system of care model, begun in the 1989-90 fiscal
8 year through the implementation of Chapter 982 of the Statutes of
9 1988 *through the implementation of Chapter 617 of the Statutes*
10 *of 1999 and expanded by Chapter 518 of the Statutes of 2000,*
11 provides models for parolees with serious mental illness that can
12 meet the performance outcomes required by the Legislature.

13 (e) Therefore, using the guidelines and principles developed
14 under the demonstration projects implemented under the ~~elder~~
15 ~~system of care legislation in 1989~~ *adult system of care model*, it
16 is the intent of the Legislature to accomplish the following:

17 (1) Encourage the Department of Corrections and Rehabilitation
18 Division of Adult Parole Operations to implement a system of care
19 as described in this article for the delivery of mental health services
20 to seriously mentally ill parolees.

21 (2) To promote a system of care accountability for performance
22 outcomes that enable parolees with serious mental illness to reduce
23 symptoms that impair their ability to live independently, work,
24 maintain community supports, care for their children, stay in good
25 health, not abuse drugs or alcohol, and not commit crimes.

26 (3) Provide funds for mental health services and related
27 medications, substance abuse services, supportive housing or other
28 housing assistance, vocational rehabilitation, and other nonmedical
29 programs necessary to stabilize mentally ill prisoners and parolees,
30 reduce the risk of being homeless, get them off the street and into
31 treatment and recovery, or to provide access to veterans' services
32 that will also provide for treatment and recovery.

33 2687.1. The Department of Corrections and Rehabilitation
34 shall create a pilot program to provide comprehensive mental
35 health and supportive services comparable to the case management
36 and services available under Section 5806 of the Welfare and
37 Institutions Code as set forth in this article to 100 parolees with a
38 serious mental illness in each of three separate parole regions. First
39 priority shall be given to parolees who, while incarcerated, were
40 deemed part of the Enhanced Outpatient Program who will likely

1 become homeless upon release. The second priority for funding
2 shall be given to remaining parolees who, while incarcerated, were
3 in the Enhanced Outpatient Program. The third priority for funding
4 shall be given to parolees who, while incarcerated, were in the
5 Correctional Clinical Case Management System who will likely
6 become homeless upon release. The fourth priority for funding
7 shall be given to remaining parolees who, while incarcerated, were
8 in the Correctional Clinical Case Management System. Parolees
9 who will likely become homeless upon release are individuals who
10 will lack an identified fixed, regular, and adequate nighttime
11 residence upon release or whose only identified nighttime residence
12 includes a supervised publicly or privately operated shelter
13 designed to provide temporary living accommodations or a public
14 or private place not designed for, or ordinarily used as, a regular
15 sleeping accommodation for human beings.

16 2687.2. The Department of Corrections and Rehabilitation in
17 consultation with the State Department of Mental Health shall
18 establish service standards that ensure that prisoners with a serious
19 mental illness, as defined in paragraphs (2) and (3) of subdivisions
20 (b) of Section 5600.3 of the Welfare and Institutions Code, are
21 identified, and services are provided to assist them to be able, upon
22 release, to live independently, work, and reach their potential as
23 productive citizens. The department shall provide annual oversight
24 of services pursuant to this part for compliance with these
25 standards.

26 These standards shall include, but are not limited to, all of the
27 following:

28 (a) A service planning and delivery process that is target
29 population based and includes the following:

30 (1) Determination of the number of clients to be served and the
31 programs and services that will be provided to meet their needs.

32 (2) Plans for services, including design of mental health services,
33 coordination and access to medications, psychiatric and
34 psychological services, substance abuse services, supportive
35 housing or other housing assistance for parolees, vocational
36 rehabilitation, and veterans' services. Plans shall also contain
37 evaluation strategies that shall consider cultural, linguistic, gender,
38 age, and special needs of minorities in the target populations.
39 Provision shall be made for staff with the cultural background and
40 linguistic skills necessary to remove barriers to mental health

1 services due to limited-English-speaking ability and cultural
2 differences.

3 (3) Provisions for services to meet the needs of target population
4 clients who are physically disabled.

5 (4) Provision for services to meet the special needs of elder
6 adults.

7 (5) Provision for family support and consultation services,
8 parenting support and consultation services, and peer support or
9 self-help group support, if appropriate for the individual.

10 (6) Provision for services to be client-directed and that employ
11 psychosocial rehabilitation and recovery principles.

12 (7) Provision for psychiatric and psychological services that are
13 integrated with other services and for psychiatric and psychological
14 collaboration in overall service planning.

15 (8) Provision for services specifically directed to seriously
16 mentally ill young adults 25 years of age or younger who are at
17 significant risk of becoming homeless.

18 (9) Services reflecting special needs of women from diverse
19 cultural backgrounds, including supportive housing that accepts
20 children, personal services coordinator, therapeutic treatment, and
21 substance abuse treatment programs that address gender specific
22 trauma and abuse in the lives of persons with serious mental illness,
23 and vocational rehabilitation programs that offer job training
24 programs free of gender bias and sensitive to the needs of women.

25 (10) Provision for housing for parolees that is immediate,
26 transitional, or permanent.

27 (b) Each client shall have a clearly designated mental health
28 personal services coordinator who may be part of a
29 multidisciplinary treatment team who is responsible for providing
30 or assuring needed services. Responsibilities include complete
31 assessment of the client's needs, development of the client's
32 personal services plan, linkage with all appropriate community
33 services, monitoring of the quality and followthrough of services,
34 and necessary advocacy to ensure each client receives those
35 services that are agreed to in the personal services plan. Each client
36 shall participate in the development of his or her personal services
37 plan, and responsible staff shall consult with the designated
38 conservator, if one has been appointed, and, with the consent of
39 the client, consult with the family and other significant persons as
40 appropriate.

(c) The individual personal services plan shall ensure that members of the target population involved in the system of care receive age, gender, and culturally appropriate services, to the extent feasible, that are designed to enable recipients upon release to:

(1) Live in the most independent, least restrictive housing feasible in the local community, and, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(2) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(3) Create and maintain a support system consisting of friends, family, and participation in community activities.

(4) Access an appropriate level of academic education or vocational training.

(5) Obtain an adequate income.

(6) Self-manage their serious mental illness and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.

(7) Access necessary physical health care and maintain the best possible physical health.

(8) Reduce or eliminate serious antisocial or criminal behavior and thereby reduce or eliminate their contact with the criminal justice system.

(9) Reduce or eliminate the distress caused by the symptoms of mental illness.

(10) Have freedom from dangerous addictive substances.

(d) The individual personal services plan shall describe the service array that meets the requirements of subdivision (c), and to the extent applicable to the individual, the requirements of subdivision (a).

2687.3. Services shall be available to parolees who have serious mental illness who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3 of the Welfare and Institutions Code.

(a) Funding shall be provided at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to this part with the medically necessary mental health services, medically necessary medications to treat serious mental illnesses, alcohol and drug services, transportation, supportive

1 housing and other housing assistance, vocational rehabilitation
2 and supported employment services, money management assistance
3 for accessing other health care and obtaining federal income and
4 housing support, accessing veterans' services, stipends, and other
5 incentives to attract and retain sufficient numbers of qualified
6 professionals as necessary to provide the necessary levels of these
7 services. ~~This program shall, however, pay for only that portion~~
8 ~~of the costs of those services not otherwise provided by federal~~
9 ~~funds or other state funds and other supportive services set forth~~
10 ~~in the applicable treatment plan.~~

11 ~~(b) The funding shall only cover the portions of those costs of~~
12 ~~services that cannot be paid for with other funds including other~~
13 ~~mental health funds, public and private insurance, and other local,~~
14 ~~state, and federal funds.~~

15 *(b) This program shall not rely upon any other state or county*
16 *funding not expressly authorized. This program, however, shall*
17 *pay for that portion not covered by Medi-Cal, Medicare, SSI, or*
18 *any other entitlement to the individual being served.*

19 (c) The Department of Corrections and Rehabilitation Division
20 of Adult Parole Operations shall provide for services in accordance
21 with the system of care for parolees who meet the eligibility criteria
22 in subdivisions (b) and (c) of Section 5600.3 of the Welfare and
23 Institutions Code.

24 (d) Planning for services shall be consistent with the following
25 philosophies, principles, and practices:

26 (1) To promote concepts key to the recovery for individuals
27 who have serious mental illness: hope, personal empowerment,
28 respect, social connections, self-responsibility, and
29 self-determination.

30 (2) To promote consumer operated services as a way to support
31 recovery.

32 (3) To reflect the cultural, ethnic, and racial diversity of mental
33 health consumers.

34 (4) To plan for each consumer's individual needs.

35 (e) In order to develop comprehensive case management plans
36 consistent with the Mental Health Services Continuum Program,
37 the department shall establish prison in-reach protocols that include
38 collaboration and cooperation with service providers who are likely
39 to serve program participants in the designated counties. Prior to
40 the release of each program participant, the department shall work

1 with each participant, the relevant integrated service provider, the
2 relevant housing provider, and other relevant providers to develop
3 a discharge plan that includes:

4 (1) Stable and affordable housing that is appropriate to serve
5 the individual's needs, including permanent supportive housing
6 where necessary. In the event that permanent affordable housing
7 is not available, a participant may be placed in transitional
8 supportive housing, and the integrated service provider selected
9 pursuant to subdivision (d) shall develop a plan to place the
10 participant in permanent supportive housing before the end of the
11 parole period.

12 (2) Job placement or application for federal or state benefit
13 entitlements including, but not limited to, Social Security Disability
14 Insurance, Supplemental Security Income, veterans' benefits,
15 CalWORKs, Medicaid, food stamps or general relief with the goal
16 of income or benefits being available immediately upon release.

17 (3) Application for federally, state, or locally funded housing
18 assistance programs.

19 (4) Obtainment of state-issued identification.

20 2687.4. (a) The Department of Corrections and Rehabilitation
21 shall establish an advisory committee for the purpose of providing
22 advice regarding the development of the identification of specific
23 performance measures for evaluating the effectiveness of programs.
24 The committee shall review evaluation reports and make findings
25 on evidence-based best practices and recommendations. At not
26 less than one meeting annually, the advisory committee shall
27 provide to the department written comments on the performance
28 of each of the programs.

29 (b) The committee shall include, but not be limited to,
30 representatives from state, county, and community veterans'
31 services and disabled veterans outreach programs, supportive
32 housing and other housing assistance programs, law enforcement,
33 county mental health and private providers of local mental health
34 services and mental health outreach services, the Board of
35 Corrections, the State Department of Alcohol and Drug Programs,
36 local substance abuse services providers, the Department of
37 Rehabilitation, providers of local employment services, the State
38 Department of Social Services, the Department of Housing and
39 Community Development, a service provider to transition youth,
40 the United Advocates for Children of California, the California

1 Mental Health Advocates for Children and Youth, the Mental
2 Health Association of California, National Alliance on Mental
3 Illness (NAMI) California, the California Network of Mental
4 Health Clients, the Mental Health Planning Council, and other
5 appropriate entities.

6 (c) In consultation with the advisory committee the department
7 shall report to the Legislature on or before May 1 of each year in
8 which additional funding is provided, and shall evaluate, at a
9 minimum, the effectiveness of the strategies for parolees in
10 reducing homelessness, recidivism, involvement with local law
11 enforcement, and other measures identified by the department.
12 The evaluation shall include for each program funded in the current
13 fiscal year as much of the following as available information
14 permits:

15 (1) The number of persons served, and of those, the number
16 who receive extensive community mental health services.

17 (2) The number of persons who are able to maintain housing,
18 including the type of housing and whether it is emergency,
19 transitional, or permanent housing, as defined by the department.

20 (3) (A) The amount of funding spent on each type of housing.

21 (B) Other local, state, or federal funds or programs used to house
22 clients.

23 (4) The number of persons with contacts with local law
24 enforcement and the extent to which local and state incarceration
25 has been reduced or avoided.

26 (5) The number of persons participating in employment service
27 programs including competitive employment.

28 (6) The amount of hospitalization that has been reduced or
29 avoided.

30 (7) The extent to which veterans identified through these
31 programs' outreach are receiving federally funded veterans'
32 services for which they are eligible.

33 (8) The extent to which programs funded for three or more years
34 are making a measurable and significant difference on the street,
35 in hospitals, and in jails, as compared to other programs and in
36 previous years.

37 (d) For purposes of this section, the department may receive
38 technical assistance from the State Department of Mental Health.

39 2687.5. The department may contract with counties or private
40 providers for the provision of any of the services described in this

1 article. Methods to contract for services pursuant to paragraph (2)
2 of subdivision (c) of Section 2687.4 shall promote prompt and
3 flexible use of funds, consistent with the scope of services for
4 which the department has contracted with each provider.

5 SEC. 4. Section 5806 of the Welfare and Institutions Code is
6 amended to read:

7 5806. The State Department of Mental Health shall establish
8 service standards that ensure that members of the target population
9 are identified, and services provided to assist them to live
10 independently, work, and reach their potential as productive
11 citizens. The department shall provide annual oversight of grants
12 issued pursuant to this part for compliance with these standards.
13 These standards shall include, but are not limited to, all of the
14 following:

15 (a) A service planning and delivery process that is target
16 population based and includes the following:

17 (1) Determination of the numbers of clients to be served and
18 the programs and services that will be provided to meet their needs.
19 The local director of mental health shall consult with the sheriff,
20 the police chief, the probation officer, the mental health board,
21 contract agencies, and family, client, ethnic and citizen
22 constituency groups as determined by the director.

23 (2) Plans for services, including outreach to individuals who
24 will be eligible for services under this section after successfully
25 completing parole, mental health courts, and families whose
26 severely mentally ill adult is living with them, design of mental
27 health services, coordination and access to medications, psychiatric
28 and psychological services, substance abuse services, supportive
29 housing or other housing assistance, vocational rehabilitation, and
30 veterans' services. Plans shall also contain evaluation strategies,
31 that shall consider cultural, linguistic, gender, age, and special
32 needs of minorities in the target populations. Provision shall be
33 made for staff with the cultural background and linguistic skills
34 necessary to remove barriers to mental health services due to
35 limited-English-speaking ability and cultural differences.
36 Recipients of outreach services may include families, the public,
37 primary care physicians, police, sheriffs, judges, and others who
38 are likely to come into contact with individuals who may be
39 suffering from an untreated severe mental illness who would be
40 likely to become homeless if the illness continued to be untreated

1 for a substantial period of time. Outreach to adults may include
2 adults voluntarily or involuntarily hospitalized as a result of a
3 severe mental illness.

4 (3) Provisions for services to meet the needs of target population
5 clients who are physically disabled.

6 (4) Provision for services to meet the special needs of older
7 adults.

8 (5) Provision for family support and consultation services,
9 parenting support and consultation services, and peer support or
10 self-help group support, where appropriate for the individual.

11 (6) Provision for services to be client-directed and that employ
12 psychosocial rehabilitation and recovery principles.

13 (7) Provision for psychiatric and psychological services that are
14 integrated with other services and for psychiatric and psychological
15 collaboration in overall service planning.

16 (8) Provision for services specifically directed to seriously
17 mentally ill young adults 25 years of age or younger who are
18 homeless or at significant risk of becoming homeless. These
19 provisions may include continuation of services that would still
20 be received through other funds had eligibility not been terminated
21 due to age.

22 (9) Services reflecting special needs of women from diverse
23 cultural backgrounds, including supportive housing that accepts
24 children, personal services coordinator therapeutic treatment, and
25 substance abuse treatment programs that address gender specific
26 trauma and abuse in the lives of persons with mental illness, and
27 vocational rehabilitation programs that offer job training programs
28 free of gender bias and sensitive to the needs of women.

29 (10) Provision for housing for clients that is immediate,
30 transitional, permanent, or all of these.

31 (11) Provision for clients who have been suffering from an
32 untreated severe mental illness for less than one year, and who do
33 not require the full range of services but are at risk of becoming
34 homeless unless a comprehensive individual and family support
35 services plan is implemented. These clients shall be served in a
36 manner that is designed to meet their needs.

37 (b) Each client shall have a clearly designated mental health
38 personal services coordinator who may be part of a
39 multidisciplinary treatment team who is responsible for providing
40 or assuring needed services. Responsibilities include complete

1 assessment of the client's needs, development of the client's
2 personal services plan, linkage with all appropriate community
3 services, monitoring of the quality and followthrough of services,
4 and necessary advocacy to ensure each client receives those
5 services which are agreed to in the personal services plan. Each
6 client shall participate in the development of his or her personal
7 services plan, and responsible staff shall consult with the designated
8 conservator, if one has been appointed, and, with the consent of
9 the client, consult with the family and other significant persons as
10 appropriate.

11 (c) The individual personal services plan shall ensure that
12 members of the target population involved in the system of care
13 receive age, gender, and culturally appropriate services, to the
14 extent feasible, that are designed to enable recipients to:

15 (1) Live in the most independent, least restrictive housing
16 feasible in the local community, and, for clients with children, to
17 live in a supportive housing environment that strives for
18 reunification with their children or assists clients in maintaining
19 custody of their children as is appropriate.

20 (2) Engage in the highest level of work or productive activity
21 appropriate to their abilities and experience.

22 (3) Create and maintain a support system consisting of friends,
23 family, and participation in community activities.

24 (4) Access an appropriate level of academic education or
25 vocational training.

26 (5) Obtain an adequate income.

27 (6) Self-manage their illness and exert as much control as
28 possible over both the day-to-day and long-term decisions which
29 affect their lives.

30 (7) Access necessary physical health care and maintain the best
31 possible physical health.

32 (8) Reduce or eliminate serious antisocial or criminal behavior
33 and thereby reduce or eliminate their contact with the criminal
34 justice system.

35 (9) Reduce or eliminate the distress caused by the symptoms of
36 mental illness.

37 (10) Have freedom from dangerous addictive substances.

38 (d) The individual personal services plan shall describe the
39 service array that meets the requirements of subdivision (c), and

1 to the extent applicable to the individual, the requirements of
2 subdivision (a).

3 SEC. 5. Section 5814 of the Welfare and Institutions Code is
4 amended to read:

5 5814. (a) (1) This part shall be implemented only to the extent
6 that funds are appropriated for purposes of this part. To the extent
7 that funds are made available, the first priority shall go to maintain
8 funding for the existing programs that meet adult system of care
9 contract goals. The second priority for funding shall be given to
10 counties with a high incidence of persons who are severely
11 mentally ill and homeless or at risk of homelessness, and meet the
12 criteria developed pursuant to paragraphs (3) and (4). The third
13 priority for funding shall be for those who are discharged from a
14 jail or have successfully completed parole.

15 (2) The director shall establish a methodology for awarding
16 grants under this part consistent with the legislative intent
17 expressed in Section 5802, and in consultation with the advisory
18 committee established in this subdivision.

19 (3) (A) The director shall establish an advisory committee for
20 the purpose of providing advice regarding the development of
21 criteria for the award of grants, and the identification of specific
22 performance measures for evaluating the effectiveness of grants.
23 The committee shall review evaluation reports and make findings
24 on evidence-based best practices and recommendations for grant
25 conditions. At not less than one meeting annually, the advisory
26 committee shall provide to the director written comments on the
27 performance of each of the county programs. Upon request by the
28 department, each participating county that is the subject of a
29 comment shall provide a written response to the comment. The
30 department shall comment on each of these responses at a
31 subsequent meeting.

32 (B) The committee shall include, but not be limited to,
33 representatives from state, county, and community veterans'
34 services and disabled veterans outreach programs, supportive
35 housing and other housing assistance programs, law enforcement,
36 county mental health and private providers of local mental health
37 services and mental health outreach services, the Board of
38 Corrections, the State Department of Alcohol and Drug Programs,
39 local substance abuse services providers, the Department of
40 Rehabilitation, providers of local employment services, the State

1 Department of Social Services, the Department of Housing and
2 Community Development, a service provider to transition youth,
3 the United Advocates for Children of California, the California
4 Mental Health Advocates for Children and Youth, the Mental
5 Health Association of California, ~~the California Alliance for the~~
6 ~~Mentally Ill~~ *National Alliance on Mental Illness (NAMI)*
7 *California*, the California Network of Mental Health Clients, the
8 Mental Health Planning Council, and other appropriate entities.

9 (4) The criteria for the award of grants shall include, but not be
10 limited to, all of the following:

11 (A) A description of a comprehensive strategic plan for
12 providing outreach, prevention, intervention, and evaluation in a
13 cost appropriate manner corresponding to the criteria specified in
14 subdivision (c).

15 (B) A description of the local population to be served, ability
16 to administer an effective service program, and the degree to which
17 local agencies and advocates will support and collaborate with
18 program efforts.

19 (C) A description of efforts to maximize the use of other state,
20 federal, and local funds or services that can support and enhance
21 the effectiveness of these programs.

22 (5) In order to reduce the cost of providing supportive housing
23 for clients, counties that receive a grant pursuant to this part after
24 January 1, 2004, shall enter into contracts with sponsors of
25 supportive housing projects to the greatest extent possible.
26 Participating counties are encouraged to commit a portion of their
27 grants to rental assistance for a specified number of housing units
28 in exchange for the counties' clients having the right of first refusal
29 to rent the assisted units.

30 (b) In each year in which additional funding is provided by the
31 annual Budget Act, the department shall establish programs that
32 offer individual counties sufficient funds to comprehensively serve
33 severely mentally ill adults who are homeless, recently released
34 from a county jail or the state prison, or others who are untreated,
35 unstable, and at significant risk of incarceration or homelessness
36 unless treatment is provided to them, and who are severely mentally
37 ill adults. For purposes of this subdivision, "severely mentally ill
38 adults" are those individuals described in subdivision (b) of Section
39 5600.3. In consultation with the advisory committee established
40 pursuant to paragraph (3) of subdivision (a), the department shall

1 report to the Legislature on or before May 1 of each year in which
2 additional funding is provided, and shall evaluate, at a minimum,
3 the effectiveness of the strategies in providing successful outreach
4 and reducing homelessness, involvement with local law
5 enforcement, and other measures identified by the department.
6 The evaluation shall include for each program funded in the current
7 fiscal year as much of the following as available information
8 permits:

9 (1) The number of persons served, and of those, the number
10 who receive extensive community mental health services.

11 (2) The number of persons who are able to maintain housing,
12 including the type of housing and whether it is emergency,
13 transitional, or permanent housing, as defined by the department.

14 (3) (A) The amount of grant funding spent on each type of
15 housing.

16 (B) Other local, state, or federal funds or programs used to house
17 clients.

18 (4) The number of persons with contacts with local law
19 enforcement and the extent to which local and state incarceration
20 has been reduced or avoided.

21 (5) The number of persons participating in employment service
22 programs including competitive employment.

23 (6) The number of persons contacted in outreach efforts who
24 appear to be severely mentally ill, as described in Section 5600.3,
25 who have refused treatment after completion of all applicable
26 outreach measures.

27 (7) The amount of hospitalization that has been reduced or
28 avoided.

29 (8) The extent to which veterans identified through these
30 programs' outreach are receiving federally funded veterans'
31 services for which they are eligible.

32 (9) The extent to which programs funded for three or more years
33 are making a measurable and significant difference on the street,
34 in hospitals, and in jails, as compared to other counties or as
35 compared to those counties in previous years.

36 (10) For those who have been enrolled in this program for at
37 least two years and who were enrolled in Medi-Cal prior to, and
38 at the time they were enrolled in, this program, a comparison of
39 their Medi-Cal hospitalizations and other Medi-Cal costs for the

1 two years prior to enrollment and the two years after enrollment
2 in this program.

3 (11) The number of persons served who were and were not
4 receiving Medi-Cal benefits in the 12-month period prior to
5 enrollment and, to the extent possible, the number of emergency
6 room visits and other medical costs for those not enrolled in
7 Medi-Cal in the prior 12-month period.

8 (c) To the extent that state savings associated with providing
9 integrated services for the mentally ill are quantified, it is the intent
10 of the Legislature to capture those savings in order to provide
11 integrated services to additional adults.

12 (d) Each project shall include outreach and service grants in
13 accordance with a contract between the state and approved counties
14 that reflects the number of anticipated contacts with people who
15 are homeless or at risk of homelessness, and the number of those
16 who are severely mentally ill and who are likely to be successfully
17 referred for treatment and will remain in treatment as necessary.

18 (e) All counties that receive funding shall be subject to specific
19 terms and conditions of oversight and training which shall be
20 developed by the department, in consultation with the advisory
21 committee.

22 (f) (1) As used in this part, “receiving extensive mental health
23 services” means having a personal services coordinator, as
24 described in subdivision (b) of Section 5806, and having an
25 individual personal service plan, as described in subdivision (c)
26 of Section 5806.

27 (2) The funding provided pursuant to this part shall be sufficient
28 to provide mental health services, medically necessary medications
29 to treat severe mental illnesses, alcohol and drug services,
30 transportation, supportive housing and other housing assistance,
31 vocational rehabilitation and supported employment services,
32 money management assistance for accessing other health care and
33 obtaining federal income and housing support, accessing veterans’
34 services, stipends, and other incentives to attract and retain
35 sufficient numbers of qualified professionals as necessary to
36 provide the necessary levels of these services. These grants shall,
37 however, pay for only that portion of the costs of those services
38 not otherwise provided by federal funds or other state funds.

39 (3) Methods used by counties to contract for services pursuant
40 to paragraph (2) shall promote prompt and flexible use of funds,

1 consistent with the scope of services for which the county has
2 contracted with each provider.

3 (g) Contracts awarded pursuant to this part shall be exempt from
4 the Public Contract Code and the state administrative manual and
5 shall not be subject to the approval of the Department of General
6 Services.

7 (h) Notwithstanding any other provision of law, funds awarded
8 to counties pursuant to this part and Part 4 (commencing with
9 Section 5850) shall not require a local match in funds.

10 ~~SEC. 8.~~

11 *SEC. 6.* No reimbursement is required by this act pursuant to
12 Section 6 of Article XIII B of the California Constitution for certain
13 costs that may be incurred by a local agency or school district
14 because, in that regard, this act creates a new crime or infraction,
15 eliminates a crime or infraction, or changes the penalty for a crime
16 or infraction, within the meaning of Section 17556 of the
17 Government Code, or changes the definition of a crime within the
18 meaning of Section 6 of Article XIII B of the California
19 Constitution.

20 However, if the Commission on State Mandates determines that
21 this act contains other costs mandated by the state, reimbursement
22 to local agencies and school districts for those costs shall be made
23 pursuant to Part 7 (commencing with Section 17500) of Division
24 4 of Title 2 of the Government Code.